

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Your Social Security Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without Attorney) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner/Plaintiff. Case Number: _____

Name of Respondent/Defendant. **AFFIDAVIT IN SUPPORT OF
APPLICATION FOR DEFERRAL OR
WAIVER OF SERVICE OF PROCESS
COSTS**

STATE OF ARIZONA)
COUNTY OF MARICOPA) ^{ss}

STATEMENTS MADE TO THE COURT UNDER OATH. I swear or affirm that the information in this application is true and correct. I make this statement under the penalty of prosecution for perjury if it is determined that I did not tell the truth.

I have requested a deferral or waiver of the following fees in my case:

- ☐ **Fees for service of process by a sheriff, marshal, constable, or law enforcement agency:** In support of my request, I state that (check and complete any that apply):
- ☐ I have attempted to obtain voluntary acceptance of service of process without success on the person to be served.
- ☐ It would be useless or dangerous for me to try to obtain voluntary acceptance of service by the person to be served because (explain):

- ☐ An enforceable injunction against harassment has been granted to me against the person to be served.

☐ **Fees for publication:** In support of my request, I state that I have attempted to locate the person to be served but I have been unable to locate that person **(check and complete any that apply):**

☐ This is what I did to try to find the other party (explain):

☐ I have contacted the person(s) listed below to try to find the location of the other party.

NAME

ADDRESS

SIGNATURE UNDER PENALTY OF PERJURY

Today's Date: _____

Signature: _____

Print Your Name: _____

INFORMATION FOR SERVICE

You must provide the following information:

To the best of my knowledge, as of (date) _____, the last known address of the person to be served was: _____.

(Street Address, City and State)